

HARFORD COUNTY HEALTH DEPARTMENT
Division of Food Control
P. O. Box 797
Bel Air, Maryland 21014
443-643-0305
FAX 443-643-0333

APPLICATION FOR LICENSE TO OPERATE A NON-PROFIT
FOOD SERVICE FACILITY

Application is hereby made to operate a food service facility in accordance with
COMAR 10.15.03

PLEASE PRINT OR TYPE

FACILITY NAME

MAILING ADDRESS

TOWN ZIP CODE

CONTACT PERSON (Name & Address)

PHONE NUMBER (Facility)

PHONE NUMBER (Contact Person)

FACILITY STREET ADDRESS, ALSO NEAREST INTERSECTION ROAD/STREET

DAYS & HOURS OF OPERATION: KITCHEN BAR

CHECK WHERE APPLICABLE

Water Supply Public Private

Sewerage Public Private

Grease Interceptor Yes No

APPROXIMATE NUMBER OF EVENTS PER YEAR AND DATE

MENU

DO OTHER GROUPS USE THIS KITCHEN?

SIGNATURE DATE

Non-profit groups are exempt from fees, but are routinely inspected.

OFFICIAL USE ONLY

I.D. NUMBER **DATE**